Employment Application

- Please complete this application by typing or printing in ink. INCOMPLETE or UNSIGNED applications will not be considered.
- We are an equal opportunity employer. We do not discriminate on the basis of race, religion, color, sex, age, national origin, marital status or disability.

✓ Do you need an accommodation to participate in the application or interview process? ☐ Yes ☒ No					
Employer THE NAME OF THE BUSINESS WHERE YOU ARE APPLYING Job Order # FROM JOB SERVICE					
Job Title SPECIFIC AS POSSIBLE.					
Personal Data					
Name BE SURE TO PUT IN THE ORDER THE APPLICATION SPECIFIES					
Present Address COMPLETE, NO ABBREVIATIONS City HAVRE State MT Zip 59501					
Phone (406) 265 - 0000 Message Phone (406) 262 - 0000 E-Mail Address IF YOU HAVE ONE OR N/A					
Driver's License: Operator ⊠ CDL ☐ CDL Type N/A Endorsements N/A					
EDUCATION					
High School Diploma or GED? ⊠ Yes ☐ No Post Secondary Degree? N/A					
Name of school beyond High School N/A OR IF YOU ATTENDED ANY COLLEGE/VO-TECH, ETC. FILL THE NAME IN.					
Training Length N/A or how many weeks/years in the training Date Completed N/A or Date of graduation or completion					
Major N/A or what you attended the training for Minor N/A					
Apprenticeship Level N/A In which trade? N/A					
Work Experience (List most recent work experience first)					
Company Name BURGER PLACE Immediate Supervisor MARY SMITH					
Complete Address 1234 90 TH AVENUE WEST OR PO BOX 200 HAVRE MT 59501					
Street / P.O. Box City State Zip Code					
Job Title BURGER FLIPPER Phone (406) 265 - 0000					
Job Description (duties, skills, equipment used) INCLUDE KNOWLEDGE, SKILLS & ABILITIES REQUIRED; SPECIFIC DUTIES; EMPLOYEES SUPERVISED, ACCOMPLISHMENTS. USE ACTION VERBS (VERBS THAT END IN "ED"); SHORT PHRASES, RATHER THAN COMPLETE SENTENCES AND SPECIFIC NUMBERS/FIGURES WHEN POSSIBLE.					
Dates: From (mm/yy) 05 / 05 To (mm/yy) 05 / 06 Reason for leaving COMPANY CLOSED					

WORK EXPERIENCE				
Company Name 4H CHUCK WAGON	Immediate Supervisor	MIKE JOI	NES	
Complete Address HAVRE FAIR GROUNDS	HAVRE		MT	59501
Street / P.O. Box	City		State	Zip Code
Job Title DISHWASHER/TABLE CLEANER		Phone _	406	954 - 9988

Job Description (duties, skills, equipment used) CLEARED TABLE OF DIRTY DISHES. WASHED DISHES BY LOADING THEM IN A DISHWASHER.

REASONS FOR LEAVING:

DON'T USE USE

FIRED TERMINATED OR DISCHARGED

QUIT RESIGNED PERSONAL REASONS RESIGNED

LAID OFF COMPANY CLOSED
LAID OFF LACK OF WORK
LAID OFF JOB COMPLETED

LAID OFF SEASONAL OR TEMPORARY
YOU MAY HAVE OTHER REASONS, IF YOU ARE UNSURE OF WHAT TO
PUT, ASK SOMEONE AT JOB SERVICE, WE WILL BE HAPPY TO HELP.

Dates: From (mm/yy) 08 / 06 To (mm/yy) 08 / 06 Reason for leaving SEASONAL. ALSO SEE ABOVE

USE JS-513 FOR ADDITIONAL WORK EXPERIENCE AS NEEDED.

ADDITIONAL INFORMATION THAT COULD HELP YOU QUALIFY FOR THIS POSITION

Examples include; classes (include dates), certificates, current licenses, specific equipment and other skills.

INCLUDE ANY OF THE FOLLOWING THAT APPLY TO THE JOB YOU ARE APPLYING FOR: TYPING - WORDS PER MINUTE/ERRORS; DATA ENTRY - WORDS PER MINUTE/ERRORS; TEN-KEY BY TOUCH - ADDING MACHINE - CAN DO WITHOUT LOOKING AT KEYS?; COMPUTER LANGUAGES; LIST TYPES OF EQUIPMENT YOU CAN OPERATE - EXAMPLES - PERSONAL COMPUTER, COPIER, FRONT END LOADER, 4-WHEEL DRIVE TRACTOR, POWER SAW, ETC.

LIST REFERENCES (preferably persons who know about your work/training)					
Name Address Phone N		Phone Number			
JOE JOE	10 NOWHERE, HAVRE, MT 59501	(406) 262 - 9999			
SAM SAM	7 ANYWHERE, HAVRE, MT 59501	(406) 945 - 1111			
MARY MARY	90000 9 TH AVE, HAVRE, MT 59501	(406) 800 - 0000			

The information that you provide on this application is subject to verification. Falsifications or misrepresentations may disqualify you from consideration for employment or, if hired, may be grounds for termination at a later date. Do you want to be informed before we contact your present employer?

Yes
No

With my signature below (typed or written), I certify that all information on this and all attached pages is true, correct and complete to the best of my knowledge and contains no willful falsifications or misrepresentations. I authorize all former employers to release job-related information they may have about me and I release all persons or companies from any liability or responsibility for providing such information.

Signature: MY NAME Date: 12/7/2006

SERVICE SERVICE